

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

**In the Matter of the First
Amended Accusation Against:**

Ramin Hamdy Farsad, M.D.

Case No. 800-2016-023230

**Physician's and Surgeon's
Certificate No. G 80982**

Respondent

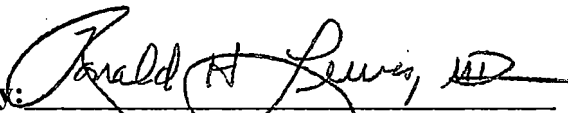
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on May 31, 2019.

IT IS SO ORDERED May 3, 2019.

MEDICAL BOARD OF CALIFORNIA

By: 

**Ronald H. Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MICHAEL J. YUN
Deputy Attorney General
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8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the First Amended Accusation
14 Against:

15 **RAMIN HAMDY FARSAD, M.D.**
16 477 N. El Camino Real, Suite A-100
Encinitas, CA 92024

17 **Physician's and Surgeon's Certificate**
18 **No. G 80982,**

19 Respondent.

Case No. 800-2016-023230

OAH No. 2018080533

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

20
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Kimberly Kirchmeyer (complainant) is the Executive Director of the Medical Board
25 of California. She brought this action solely in her official capacity and is represented in this
26 matter by Xavier Becerra, Attorney General of the State of California, by Michael J. Yun, Deputy
27 Attorney General.

28 ///

1 2. Respondent Ramin Hamdy Farsad, M.D. (respondent) is represented in this
2 proceeding by attorney David Rosenberg, Esq., whose address is: 750 "B" Street, Suite 3210,
3 San Diego, CA 92101.

4 3. On or about April 12, 1995, the Medical Board of California (Board) issued
5 Physician's and Surgeon's Certificate No. G 80982 to Ramin Hamdy Farsad, M.D. (respondent).
6 The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
7 charges brought herein and will expire on March 31, 2019, unless renewed.

8 **JURISDICTION**

9 4. On July 6, 2018, complainant filed Accusation No. 800-2016-023230 against
10 respondent before the Board. On November 15, 2018, complainant filed First Amended
11 Accusation No. 800-2016-023230 against respondent before the Board, which is currently
12 pending against respondent. A true and correct copy of First Amended Accusation No. 800-
13 2016-023230 and all other statutorily required documents were properly served on respondent on
14 November 15, 2018. Respondent had timely filed his Notice of Defense contesting the
15 Accusation. A copy of First Amended Accusation No. 800-2016-023230 is attached as Exhibit 1
16 and incorporated herein by reference as if fully set forth herein.

17 **ADVISEMENT AND WAIVERS**

18 5. Respondent has carefully read, fully discussed with counsel, and fully understands the
19 charges and allegations in First Amended Accusation No. 800-2016-023230. Respondent has
20 also carefully read, fully discussed with counsel, and fully understands the effects of this
21 Stipulated Settlement and Disciplinary Order.

22 6. Respondent is fully aware of his legal rights in this matter, including the right to a
23 hearing on the charges and allegations in the First Amended Accusation; the right to confront and
24 cross-examine the witnesses against her; the right to present evidence and to testify on her own
25 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the
26 production of documents; the right to reconsideration and court review of an adverse decision;
27 and all other rights accorded by the California Administrative Procedure Act and other applicable
28 laws, having been fully advised of same by his attorney of record David Rosenberg, Esq.

7. Respondent, having the benefit of counsel, hereby voluntarily, knowingly, and intelligently waives and gives up each and every right set forth and/or referenced above.

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in First Amended Accusation No. 800-2016-023230, agrees that his Physician's and Surgeon's Certificate No. G 80982 is subject to discipline, and agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

9. Respondent further agrees that if an accusation and/or petition to revoke probation is filed against him before the Medical Board of California, or if he ever petitions for early termination or modification of probation, in any proceeding before the Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2016-023230 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving respondent in the State of California.

CONTINGENCY

10. The parties agree that this Stipulated Settlement and Disciplinary Order shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulated Settlement and Disciplinary Order after receiving it. By signing this stipulation respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Board considers and acts upon it.

11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and Disciplinary Order, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving respondent. In the event that the Board, in its discretion, does

1 not approve and adopt this Stipulated Settlement and Disciplinary Order, with the exception of
2 this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and
3 shall not be relied upon or introduced in any disciplinary action by either party hereto.

4 Respondent further agrees that should the Board reject this Stipulated Settlement and Disciplinary
5 Order for any reason, respondent will assert no claim that the Board, or any member thereof, was
6 prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Settlement and
7 Disciplinary Order or of any matter or matters related hereto.

8 **ADDITIONAL PROVISIONS**

9 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
10 be an integrated writing representing the complete, final and exclusive embodiment of the
11 agreements of the parties in the above-entitled matter.

12 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
13 including copies of the signatures of the parties, may be used in lieu of original documents and
14 signatures and, further, that copies shall have the same force and effect as originals.

15 14. In consideration of the foregoing admissions and stipulations, the parties agree the
16 Board may, without further notice to or opportunity to be heard by respondent, issue and enter the
17 following Disciplinary Order:

18 **DISCIPLINARY ORDER**

19 **A. PUBLIC REPRIMAND**

20 IT IS HEREBY ORDERED that respondent Ramin Hamdy Farsad, M.D., Physician's and
21 Surgeon's Certificate No. G 80982, shall be and is hereby Publicly Reprimanded pursuant to
22 California Business and Professions Code section 2227, subdivision (a)(4). This Public
23 Reprimand, which is issued in connection with respondent's gross negligence, repeated negligent
24 acts, prescribing without an appropriate prior examination, failure to maintain adequate or
25 accurate records, and unprofessional conduct, as set forth in First Amended Accusation No. 800-
26 2016-023230, is as follows:

27 You were grossly negligent in receiving prescriptions for controlled
28 substances written by nurse practitioners who were your own employees between

1 in or about February 2015 and May 2015. You were grossly negligent in your care
2 and treatment, between in or about September 2015 and June 2016, of Patient A,
3 your then-girlfriend, (1) by failing to maintain thorough and accurate medical
4 records, (2) by repeatedly prescribing and refilling controlled substances without
5 an appropriate history, physical examination, workup, or documented justification,
6 (3) by prescribing Adderall on multiple occasions without documentation of an
7 accepted medical need and not adequately evaluating Patient A for diagnosis, (4)
8 by not adequately evaluating her depression yet prescribing an antidepressant
9 without documented complaint, depressive symptoms, or diagnosis, and without
10 using a screening tool or appropriate laboratory studies, (5) and by prescribing
11 lithium without obtaining appropriate laboratory testing to monitor the lithium
12 level. You were repeatedly negligent (1) in providing an attestation on Patient A's
13 Health Care Provider Report, which did not accurately reflect her medical
14 conditions, (2) in failing to notify Patient A in writing of the termination of your
15 physician-patient relationship and failing to appropriately refer her to another
16 physician for continuity of care, (3) in failing to provide Patient A's medical
17 records to the Board as requested, and (4) failing to follow the Standardized
18 Procedures for Nurse Practitioners adopted by your own medical office, Access
19 Medical Center. You prescribed dangerous drugs without an appropriate prior
20 examination, failed to maintain adequate or accurate records, and engaged in
21 unprofessional conduct, as more fully set forth in First Amended Accusation No.
22 800-2016-023230, a true and correct copy of which is attached hereto as Exhibit 1
23 and incorporated by reference as if fully set forth herein.

24 **B. PRESCRIBING PRACTICES COURSE**

25 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a
26 course in prescribing practices approved in advance by the Board or its designee. Respondent
27 shall provide the approved course provider with any information and documents that the approved
28 course provider may deem pertinent. Respondent shall participate in and successfully complete

1 the classroom component of the course not later than six (6) months after respondent's initial
2 enrollment. Respondent shall successfully complete any other component of the course within
3 one (1) year of enrollment. The prescribing practices course shall be at respondent's expense and
4 shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
5 licensure.

6 A prescribing practices course taken after the acts that gave rise to the charges in the
7 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
8 or its designee, be accepted towards the fulfillment of this condition if the course would have
9 been approved by the Board or its designee had the course been taken after the effective date of
10 this Decision.

11 Respondent shall submit a certification of successful completion to the Board or its
12 designee not later than 15 calendar days after successfully completing the course, or not later than
13 15 calendar days after the effective date of the Decision, whichever is later.

14 Failure to participate in and successfully complete the program requirements as outlined
15 above shall constitute unprofessional conduct and be grounds for further disciplinary action.

16 **C. MEDICAL RECORD KEEPING COURSE**

17 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a
18 course in medical record keeping approved in advance by the Board or its designee. Respondent
19 shall provide the approved course provider with any information and documents that the approved
20 course provider may deem pertinent. Respondent shall participate in and successfully complete
21 the classroom component of the course not later than six (6) months after respondent's initial
22 enrollment. Respondent shall successfully complete any other component of the course within
23 one (1) year of enrollment. The medical record keeping course shall be at respondent's expense
24 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
25 licensure.

26 A medical record keeping course taken after the acts that gave rise to the charges in the
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
28 or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its
4 designee not later than 15 calendar days after successfully completing the course, or not later than
5 15 calendar days after the effective date of the Decision, whichever is later.

6 Failure to participate in and successfully complete the program requirements as outlined
7 above shall constitute unprofessional conduct and be grounds for further disciplinary action.

8 **D. ETHICS COURSE**

9 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a
10 professionalism program, that meets the requirements of Title 16, California Code of Regulations
11 (CCR) section 1358.1. Respondent shall participate in and successfully complete that program.
12 Respondent shall provide any information and documents that the program may deem pertinent.
13 Respondent shall successfully complete the classroom component of the program not later than
14 six (6) months after respondent's initial enrollment, and the longitudinal component of the
15 program not later than the time specified by the program, but no later than one (1) year after
16 attending the classroom component. The professionalism program shall be at respondent's
17 expense and shall be in addition to the Continuing Medical Education (CME) requirements for
18 renewal of licensure. Failure to participate in and successfully complete the program
19 requirements as outlined above shall constitute unprofessional conduct and be grounds for further
20 disciplinary action.

21 **E. PROFESSIONAL BOUNDARIES PROGRAM**

22 Within 60 calendar days from the effective date of this Decision, respondent shall enroll in
23 a professional boundaries program approved in advance by the Board or its designee.

24 Respondent, at the program's discretion, shall undergo and complete the program's
25 assessment of respondent's competency, mental health and/or neuropsychological performance,
26 and at minimum, a 24 hour program of interactive education and training in the area of
27 boundaries, which takes into account data obtained from the assessment and from the Decision(s),
28 Accusation(s) and any other information that the Board or its designee deems relevant. The

1 program shall evaluate respondent at the end of the training and the program shall provide any
2 data from the assessment and training as well as the results of the evaluation to the Board or its
3 designee.

4 Failure to complete the entire program not later than six (6) months after respondent's
5 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
6 in writing to a later time for completion. Based on respondent's performance in and evaluations
7 from the assessment, education, and training, the program shall advise the Board or its designee
8 of its recommendation(s) for additional education, training, psychotherapy and other measures
9 necessary to ensure that respondent can practice medicine safely. Respondent shall comply with
10 program recommendations. At the completion of the program, respondent shall submit to a final
11 evaluation. The program shall provide the results of the evaluation to the Board or its designee.
12 The professional boundaries program shall be at respondent's expense and shall be in addition to
13 the Continuing Medical Education (CME) requirements for renewal of licensure.

14 The program has the authority to determine whether or not respondent successfully
15 completed the program.

16 A professional boundaries course taken after the acts that gave rise to the charges in the
17 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
18 or its designee, be accepted towards the fulfillment of this condition if the course would have
19 been approved by the Board or its designee had the course been taken after the effective date of
20 this Decision.

21 Failure to participate in and successfully complete the program requirements as outlined
22 above shall constitute unprofessional conduct and be grounds for further disciplinary action.

23 ACCEPTANCE

24 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
25 discussed it with my attorney, David Rosenberg, Esq. I understand the stipulation and the effect
26 it will have on my Physician's and Surgeon's Certificate No. G 80982. I fully understand that,
27 after signing this stipulation, I may not withdraw from it, that it shall be submitted to the Medical
28 Board of California for its consideration, and that the Board shall have a reasonable period of


1 time to consider and act on this stipulation after receiving it. By entering into this stipulation, I
2 fully understand that, upon formal acceptance by the Board, I shall be publicly reprimanded by
3 the Board and shall be required to comply with all of the terms and conditions of the Disciplinary
4 Order set forth above. I also fully understand that any failure to comply with the terms and
5 conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and
6 will subject my Physician's and Surgeon's Certificate No. G 80982 to further disciplinary action.
7 I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and
8 intelligently, and agree to be bound by the Decision and Order of the Medical Board of
9 California.

10 DATED: RBW 12, 2019


11 RAMIN HAMDY FARSAD, M.D.
12 Respondent

13 I have read and fully discussed with Respondent Ramin Hamdy Farsad, M.D. the terms and
14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
15 I approve its form and content.

16 DATED: 1/12/19


17 DAVID ROSENBERG, ESQ.
18 Attorney for Respondent

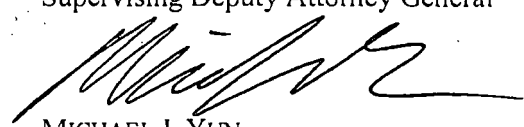
ENDORSEMENT

19 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
20 submitted for consideration by the Medical Board of California.

21 Dated: 1/12/2019

Respectfully submitted,

22 XAVIER BECERRA
23 Attorney General of California
24 ALEXANDRA M. ALVAREZ
25 Supervising Deputy Attorney General


26 MICHAEL J. YUN
27 Deputy Attorney General
28 *Attorneys for Complainant*

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Exhibit 1

First Amended Accusation No. 800-2016-023230

JURISDICTION

3. This First Amended Accusation is brought before the Board, under the authority of the following laws: All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states, in pertinent part:

“(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

“(1) Have his or her license revoked upon order of the board.

“(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

“(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

“...

“(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

“...”

5. Section 2228 of the Code states, in pertinent part:

“The authority of the board [...] to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

“...

“(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

“...”

///

1 6. Section 2234 of the Code, states, in pertinent part:

2 “The board shall take action against any licensee who is charged with
3 unprofessional conduct. In addition to other provisions of this article, unprofessional
4 conduct includes, but is not limited to, the following:

5 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
6 abetting the violation of, or conspiring to violate any provision of this chapter.

7 “(b) Gross negligence.

8 “(c) Repeated negligent acts. To be repeated, there must be two or more
9 negligent acts or omissions. An initial negligent act or omission followed by a
10 separate and distinct departure from the applicable standard of care shall constitute
11 repeated negligent acts.

12 “(1) An initial negligent diagnosis followed by an act or omission medically
13 appropriate for that negligent diagnosis of the patient shall constitute a single
14 negligent act.

15 “(2) When the standard of care requires a change in the diagnosis, act, or
16 omission that constitutes the negligent act described in paragraph (1), including, but
17 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
18 licensee’s conduct departs from the applicable standard of care, each departure
19 constitutes a separate and distinct breach of the standard of care.

20 “...”

21 7. Section 2242 of the Code states, in pertinent part:

22 “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in
23 Section 4022 without an appropriate prior examination and a medical indication,
24 constitutes unprofessional conduct.

25 “...”

26 8. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
27 adequate and accurate records relating to the provision of services to their patients constitutes
28 unprofessional conduct.”

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 9. Respondent has subjected his Physician's and Surgeon's Certificate No. G 80982 to
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
5 the Code, in that he was grossly negligent in his care and treatment of one or more patients, as
6 more particularly alleged hereinafter:

7 Having Prescriptions Written by a Nurse Practitioner Who is Respondent's Employee

8 A. On or about April 7, 2017, during his subject interview with the Health
9 Quality Investigation Unit (HQIU), respondent admitted that a nurse practitioner
10 prescribed Tylenol with codeine twice and triazolam¹ twice to respondent. Both of
11 these medications are controlled substances. He also admitted that another nurse
12 practitioner prescribed Lunesta,² tramadol, and triazolam to respondent. All three of
13 these medications are controlled substances. Respondent acknowledged during the
14 subject interview that he employed and supervised these two (2) nurse practitioners
15 who prescribed him these controlled substances.

16 B. One of respondent's two (2) nurse practitioners whom he employed and
17 supervised also prescribed him 30 capsules of Zaleplon.³ Zaleplon is a sedative-
18 hypnotic used for the treatment of insomnia.

19 ///

20 ///

21 ///

22 _____
23 ¹ Triazolam, also known as Halcion, is a Schedule IV controlled substance pursuant to
24 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
Business and Professions Code section 4022.

25 ² Lunesta, also known as Zopiclone, is a Schedule IV controlled substance pursuant to
26 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
Business and Professions Code section 4022.

27 ³ Zaleplon is a Schedule IV controlled substance pursuant to Health and Safety Code
28 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code
section 4022.

1 Patient A

2 C. On or about October 27, 2015, respondent evaluated his then girlfriend
3 (patient A) for complaints of problems with focus and concentration as well as lack of
4 sleep.

5 D. Respondent did not document any other information about these
6 complaints such as the duration of the symptoms or how they impacted her daily
7 functioning. Respondent did not document a review of systems to help evaluate for
8 underlying causes for these symptoms. Respondent did not document a past medical
9 history or list of medications that patient A was taking at the time. Respondent did
10 not document any vital signs and did not document that he performed a physical
11 examination.

12 E. Respondent documented diagnoses of mild chronic fatigue, insomnia, and
13 stress. Respondent prescribed to patient A Provigil (modafinil), a central nervous
14 stimulant that is FDA approved for the treatment of narcolepsy and shift work sleep
15 disorder, which are not the diagnoses that he made.

16 F. On or about February 9, 2016, respondent prescribed Adderall,⁴ a
17 medication with high abuse potential that is FDA approved for the treatment of
18 ADHD and narcolepsy. Respondent's chart notes from this day only stated that the
19 previously prescribed Provigil was not very effective and that he was prescribing a
20 trial of Adderall. The note did not include an evaluation of the patient's symptoms, a
21 medical history, a medication list, vital signs, a physical examination, or even a
22 diagnosis to justify prescribing a potentially addictive medication with high street
23 value and abuse potential.

24 ///

25
26 ⁴ Adderall is a brand name for dextroamphetamine and amphetamine, a Schedule II
27 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a
28 dangerous drug pursuant to Business and Professions Code section 4022. It is an amphetamine
salts used for attention-deficit hyperactivity disorder and narcolepsy.

1 G. On or about March 22, 2016, respondent refilled the Adderall for
2 patient A without any documentation of whether or not it was effective. At the same
3 time, respondent prescribed Klonopin (Clonazepam⁵) without an evaluation, a
4 diagnosis, or rationale for doing so. Klonopin is potentially addictive and has abuse
5 potential.

6 H. On or about April 12, 2016, respondent prescribed for patient A lithium
7 for “mild anti-depressant effects” and propranolol “for anxiousness, palpitations,
8 stress,” with five (5) refills. Respondent did not document any additional information
9 about these complaints, did not document a medical history or medication list, did not
10 perform a physical examination, did not attempt to evaluate these conditions to
11 determine an underlying cause (such as getting an electrocardiogram to evaluate for
12 potentially serious causes of the palpitations), or provide a diagnosis. Respondent did
13 not order the required laboratory tests at the start of therapy or for ongoing
14 monitoring. There were no lab results for patient A included in her chart. A report
15 from CVS Caremark shows patient A filled prescriptions for lithium from respondent
16 on April 12, 2016 (60 tablets), May 18, 2016 (60 tablets), and June 23, 2016 (60
17 tablets).

18 I. On or about April 7, 2017, during his subject interview with the Health
19 Quality Investigation Unit, respondent stated he prescribed the Adderall to patient A
20 “to help improve [patient A’s] concentration” and because “low-dose Adderall is
21 often used in—in some cases for depression.” On or about December 17, 2015,
22 respondent had completed a nursing school Health Care Provider Report in which he
23 stated patient A was “healthy, no limitations.” Neither on October 27, 2015, nor on
24 December 7, 2015—the sole two (2) dates on which respondent made chart notes for
25 patient A—did respondent thoroughly evaluate patient A for depression or make a

26 ⁵ Clonazepam, also known as Klonopin, is a Schedule IV controlled substance pursuant to
27 Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to
28 Business and Professions Code section 4022. It is an anti-anxiety medication in the
benzodiazepine family.

1 diagnosis of depression or bipolar disorder. During the subject interview on or about
2 April 7, 2017, respondent also stated patient A “probably did have some level of
3 depression,” and later stated he also prescribed patient A Wellbutrin “for depression.”

4 J. A Controlled Substance Utilization Review and Evaluation Systems
5 (CURES) data report for patient A for January 1, 2015 through December 16, 2016,
6 shows that respondent prescribed clonazepam four (4) times for a total of 240 tablets,
7 zolpidem⁶ five (5) times for a total of 150 tablets, amphetamine salt four (4) times for
8 a total of 240 tablets, and modafinil twice for a total of 60 tablets. These medications
9 have significant potential for addiction, abuse, and diversion, and therefore must be
10 prescribed with caution. Respondent did not obtain an adequate history to evaluate
11 patient A’s complaints, did not adequately assess her physical and psychological
12 function, did not obtain a substance abuse history, did not assess for underlying or
13 coexisting diseases or conditions, did not document the presence of recognized
14 medical indications for the use of the controlled substances, and did not try to
15 minimize the possibility of drug abuse or diversion by performing urine toxicology
16 screens or documenting the review of CURES reports.

17 K. Respondent committed gross negligence by obtaining prescriptions for
18 controlled substances from nurse practitioners who were his own employees of his
19 medical practice.

20 L. Respondent committed gross negligence in his care and treatment of
21 patient A, which included, but was not limited to, the following:

22 (1) Failing to maintain thorough and accurate medical records in the ongoing
23 treatment of a patient A and for prescribing medications, in many cases controlled
24 substances, without documenting an adequate history, vital signs, physical
25 examination, diagnosis, or treatment plan.

26
27 ⁶ Zolpidem is a Schedule IV controlled substance pursuant to Health and Safety Code
28 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

1 (2) Repeatedly prescribing and refilling controlled substances without an
2 appropriate history, physical examination, workup, or justification for prescribing the
3 controlled substances.

4 (3) Prescribing Adderall on multiple occasions without documentation of an
5 accepted medical need for Adderall and not adequately evaluating patient A for any
6 diagnosis of attention deficit disorder or narcolepsy as they should have been
7 when prescribing a potentially dangerous and habit-forming medication such as
8 Adderall.

9 (4) Not adequately evaluating depression yet prescribing an antidepressant
10 without documenting a complaint of depressive symptoms, without documenting any
11 symptoms related to depression, without using a screening tool for depression,
12 without ordering appropriate laboratory studies such as thyroid function tests, and
13 without documenting a diagnosis of depression.

14 (5) Prescribing lithium without obtaining appropriate laboratory testing to
15 monitor the lithium level or to evaluate for adverse effects on organ systems such as
16 the kidneys and thyroid, which should have occurred at the start of therapy and during
17 the duration of therapy.

18 **SECOND CAUSE FOR DISCIPLINE**

19 **(Repeated Negligent Acts)**

20 10. Respondent has further subjected his Physician's and Surgeon's Certificate
21 No. G 80982 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
22 subdivision (c), of the Code, in that he was repeatedly negligent in his care and treatment of
23 patient A, as more particularly alleged in paragraph 9, above, and which is hereby incorporated by
24 reference and realleged as if fully set forth herein.

25 11. Respondent has committed repeated negligent acts in his care and treatment of
26 patient A, which included, but was not limited to, the following:

27 (1) Providing an attestation on a health care provider report, namely
28 patient A's Health Care Provider Report, which did not accurately reflect the patient's

1 medical conditions and needs because less than two (2) months prior to that, on
2 October 27, 2015, respondent had diagnosed patient A with chronic fatigue, insomnia,
3 and stress, and had prescribed her Provigil.

4 (2) Failing to appropriately notify patient A in writing that the physician
5 wished to discontinue care and for not referring patient A to another physician for
6 continuity of care when he and patient A broke up.

7 (3) Failing to provide patient A's medical records as requested by the
8 Medical Board of California.

9 (4) Failing to follow the Standardized Procedures for Nurse Practitioners that
10 was adopted by Access Medical Center.

11 **THIRD CAUSE FOR DISCIPLINE**

12 **(Prescribing Without an Appropriate Prior Examination)**

13 12. Respondent has further subjected his Physician's and Surgeon's Certificate
14 No. G 80982 to disciplinary action under sections 2227 and 2234, as defined by section 2242, of
15 the Code, in that he prescribed, dispensed, or furnished dangerous drugs as defined in section
16 4022 without an appropriate prior examination and a medical indication, in his care and treatment
17 of patient A, as more particularly alleged in paragraph 9, above, and which is hereby incorporated
18 by reference and realleged as if fully set forth herein.

19 **FOURTH CAUSE FOR DISCIPLINE**

20 **(Failure to Maintain Adequate or Accurate Records)**

21 13. Respondent has further subjected his Physician's and Surgeon's Certificate
22 No. G 80982 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of
23 the Code, in that he failed to maintain adequate and accurate records regarding his care and
24 treatment of patient A, as more particularly alleged in paragraph 9, above, which is hereby
25 incorporated by reference and realleged as if fully set forth herein.

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct)**

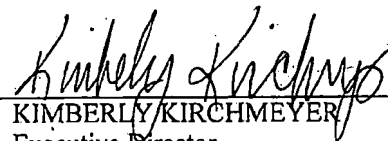
3 14. Respondent has further subjected his Physician's and Surgeon's Certificate
4 No. G 80982 to disciplinary action under sections 2227 and 2234, of the Code, in that he has
5 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
6 which is unbecoming a member in good standing of the medical profession, and which
7 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9
8 through 13, above, which are hereby incorporated by reference and realleged as if fully set forth
9 herein.

10 **PRAYER**

11 WHEREFORE, complainant requests that a hearing be held on the matters herein alleged,
12 and that following the hearing, the Medical Board of California issue a decision:

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 80982, issued to
14 respondent Ramin Hamdy Farsad, M.D.;
- 15 2. Revoking, suspending or denying approval of respondent Ramin Hamdy Farsad,
16 M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and
17 advanced practice nurses;
- 18 3. Ordering respondent Ramin Hamdy Farsad, M.D. to pay the Medical Board of
19 California the costs of probation monitoring, if placed on probation; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21
22 DATED: November 15, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
State of California
Complainant

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